



CEMETERY AND FUNERAL PROGRAM
P. O. Box 989003
WEST SACRAMENTO, CA 95798-9003
(916) 327-3219



Application for Assignment of Funeral Establishment License

\$356.00 – TOTAL FEE REQUIRED (Must be enclosed with application)

\$300.00 – Application Fee

\$56.00 – for 2 Fingerprint Cards [\$32 (first card) and \$24 (second card) subject to change]. Disregard if already on file.

The Business and Professions Code authorizes the Department to collect and maintain the information requested on this form. Pub. L. 94-455 USCA 405(c)(2)(C) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code. If you refuse to disclose your social security number, you will be reported to the Franchise Tax Board, who may assess a \$100.00 penalty against you. The principle purpose(s) for this information is to determine your eligibility and any known foreseeable interagency or intergovernmental transfer of this information would be to other federal, state, and local law enforcement agencies. Each individual has the right to review the files or records maintained by this Department, except for information exempt pursuant to Section 6254 of the Government Code or Section 1798.40 of the Civil Code. Failure to provide all of the requested information will result in the application being rejected and returned to you for completion.

READ ALL INSTRUCTIONS BEFORE COMPLETING COMPLETE ALL SPACES PLEASE PRINT OR TYPE

1. Name of Applicant		Last	First	Middle	Telephone No. ()
Mailing Address		P. O. Box/Street		City, State	Zip Code
2. Current Name of Establishment					Telephone No. ()
Current Establishment Address		P. O. Box/Street		City, State	Zip Code
New Name of Establishment					Telephone No. ()
New Establishment Address		P. O. Box/Street		City, State	Zip Code
3. Effective Date of Transaction:					
4. If assignee is an INDIVIDUAL, complete the following:				Will you be the sole owner? Yes No	
Name		Last	First	Middle	Telephone No. ()
State of Residence		Date of Birth		Social Security No.	
5. If assignee is an PARTNERSHIP, complete the following for ALL general partners (add additional sheets if necessary):					
Name		Last	First	Middle	Telephone No. () % of Interest:
State of Residence		Date of Birth		Social Security No.	
Name		Last	First	Middle	Telephone No. () % of Interest:
State of Residence		Date of Birth		Social Security No.	
Name		Last	First	Middle	Telephone No. () % of Interest:
State of Residence		Date of Birth		Social Security No.	

12. ASSIGNEES (buyers):

I/We, desiring to transact the business of a Funeral Establishment within the State of California, hereby make application for the assignment to me/us of Funeral Establishment License Number _____ pursuant to the provisions of Section 7630 of the California Business and Professions Code. I certify under penalty of perjury that the foregoing is true and correct.

Signature of Assignee: _____

Print Name: _____

Signed in the County of _____, State of _____,

on the _____ day of _____ in the year of _____.

Signature of Assignee: _____

Print Name: _____

Signed in the County of _____, State of _____,

on the _____ day of _____ in the year of _____.

Signature of Assignee: _____

Print Name: _____

Signed in the County of _____, State of _____,

on the _____ day of _____ in the year of _____.

Signature of Assignee: _____

Print Name: _____

Signed in the County of _____, State of _____,

on the _____ day of _____ in the year of _____.

13. ASSIGNORS (sellers):

I/We, the present holders of the Funeral Establishment License Number _____, hereby consent to the above-referenced assignment and relinquish all my/our right, title, and interest in the said license. It is understood that the assignor(s), pending a hearing of this application, is/are responsible under the above named License Number. I/We certify under penalty of perjury that the foregoing is true and correct.

Signature of Assignor: _____

Print Name: _____

Signed in the County of _____, State of _____,

on the _____ day of _____ in the year of _____.

Signature of Assignor: _____

Print Name: _____

Signed in the County of _____, State of _____,

on the _____ day of _____ in the year of _____.

Signature of Assignor: _____

Print Name: _____

Signed in the County of _____, State of _____,

on the _____ day of _____ in the year of _____.

Signature of Assignor: _____

Print Name: _____

Signed in the County of _____, State of _____,

on the _____ day of _____ in the year of _____.

14.

FOR USE IF ASSIGNMENT IS FROM AN ESTATE

Signature of Assignor: _____

Print Name: _____

Signed in the County of _____, State of _____,
on the _____ day of _____ in the year of _____.

Signature of Assignor: _____

Print Name: _____

Signed in the County of _____, State of _____,
on the _____ day of _____ in the year of _____.

Signature of Assignor: _____

Print Name: _____

Signed in the County of _____, State of _____,
on the _____ day of _____ in the year of _____.

Signature of Assignor: _____

Print Name: _____

Signed in the County of _____, State of _____,
on the _____ day of _____ in the year of _____.

15.

CERTIFICATION*I hereby certify or declare under penalty of perjury the firm of : _____
has disposed of all cremated remains, which have been in my/our custody and that at this time there are no cremated remains on the premises.*

Signature of Assignee: _____

Print Name: _____

Signed in the County of _____, State of _____,
on the _____ day of _____ in the year of _____.

Signature of Assignor: _____

Print Name: _____

Signed in the County of _____, State of _____,
on the _____ day of _____ in the year of _____.

16.

**FUNERAL TRUST FUNDS
PRENEED REPORTING FIRMS**

If this firm has received moneys for advance of need funeral arrangements, it will be necessary to file a "Final Preneed Trust Report." Check the applicable space.

A. THIS FUNERAL ESTABLISHMENT HAS NO PRENEED TRUST ACCOUNTS

B. THIS FUNERAL ESTABLISHMENT HAS PRENEED TRUST ACCOUNTS BUT THEY ARE NON-REPORTABLE.

C. THIS FUNERAL ESTABLISHMENT HAS REPORTABLE PRENEED TRUST ACCOUNTS.

APPLICANT SIGN HERE:*I hereby certify (or declare), under penalty of perjury, that all statements furnished in connection with this application are true and correct; and further certify that my connection with the above firm is bona fide, as shown, and that no subterfuge or misrepresentation exists in connection with this application.*

Signature of Applicant: _____ Title _____

Date _____

INFORMATION AND INSTRUCTIONS FOR COMPLETING THE Application for Assignment of Funeral Establishment License

GENERAL INSTRUCTIONS

READ ALL OF THE INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.

- An assignment application must be completed when a funeral establishment changes ownership, incorporates, adds a partner, or when the owner dies leaving the funeral establishment as all or part of an estate.
- If more than one establishment is involved, a separate application must be filed for each establishment.
- To avoid delays in the processing of your application, all fees and all supporting documentation must be included, and the application must be complete – **do not leave any blank spaces**. If there is a section that does not apply to your situation, indicate this by writing “not applicable” in the space provided.
- Those applications not correctly completed will be returned. You will then have 10 days to complete the application. Failure to return the completed application within 10 days, **may result in disciplinary action**.
- A set of fingerprint cards must be submitted for each principal owner of the funeral establishment. A set of fingerprint cards consists of two (2) cards, completed on the front and back. A principal owner is an individual in the case of a sole ownership; all partners except limited partners in the case of a partnership; and the corporate officers (President, senior Vice President, Secretary, and Treasurer) in the case of a corporation. There is no need for any principal owner to submit fingerprint cards if they have already been submitted to this office in the past.
- When completing the application, please type or print your answers *clearly and legibly* using only *black* ink. ***Please do not use the back of the form***; attach additional sheets if needed.

EXPLANATION OF SECTIONS ON FORM:

1. *Name of Applicant* – The applicant is the person completing this application and who will act as the contact should the Program have questions. The applicant may be the owner in a sole ownership, the managing partner in a partnership, or the individual authorized by the corporation to act on the corporation’s behalf (and is so named in the corporate resolution, see Section 6), or any other person so designated.
2. *Name of Establishment* – Name, address and telephone number of the funeral establishment for which you are requesting assignment. If you intend to change the name and/or address of the establishment, complete the second part of this section labeled “New Name, Address, and Telephone No. of Establishment.” If you are using a P. O. Box number, include a letter from the Post Office stating why a street address cannot be used.
3. *Effective Date of Transaction* – This is the date of sale, the date when the new owners take control of the establishment, or close of escrow.
4. *If owned by an INDIVIDUAL* – If owned by one person, complete this section. If the sales document indicates two (2) or more purchasers and the license is held by an individual, a statement from the other purchasers must be attached indicating that they have no equitable interest in the funeral establishment (see Section 8 for a definition of equitable interest holder).

5. *If owned by a PARTNERSHIP* – Complete the requested information for EACH general partner. Indicate the percentage of the business that each general partner owns and include a copy of the partnership document. Do not include limited partners unless they have responsibility for making decisions in the daily operations of the business.
6. *If owned by a CORPORATION* – Use the exact name of the corporation taken from the certificate of incorporation, the state where incorporation took place, and the date of incorporation. Remember to submit a copy of the Articles of Incorporation and the Resolution specifically authorizing the applicant (see Section 1) to pursue the application on behalf of the corporation.
7. *List officers* – Name, state of residence, date of birth, and social security number for the officers of the corporation. Remember: Fingerprint cards for all officers must be submitted or already on file with the Program (see page 1 on instructions for fingerprint cards). If you intend to change managers and/or trustees, a line has been provided for the current individual and the new one. A manager must be licensed as a funeral director in California.
8. *Additional Equitable Interest Holders* – An equitable interest holder is any individual, partnership, or corporation which receives the benefits of the corporation; generally equitable interest parties holding shares or stock in the corporation. Name any additional equitable interest holders of the corporation and include the percentage of interest in the corporation (attach a separate sheet if necessary). If the corporation is publicly traded, then indicate this and the percentage that is publicly owned. If the corporation is not publicly traded, name the equitable interest holders and the total percentage held by each (attach additional sheets, if necessary).
9. *Managing Funeral Director* – The person designated as the manager must have passed the Funeral Director Examination and be a licensed Funeral Director. Indicate when and where the examination was taken.
10. *Workman's Compensation Insurance* – Name of the insurance company that provides workman's compensation.
11. *Criminal Convictions* – If any of the individuals, general partners, corporate officers, equitable interest holders, managers, or trustees been convicted of anything other than a traffic violation in any state, complete this section (attach additional sheets, if necessary). The explanation should include the circumstances surrounding the conviction(s), the date(s) of conviction(s), arresting law enforcement agency(s), court(s) of jurisdiction, penalties imposed, and rehabilitation efforts.
12. *Assignees (Buyers)* – Buyers of the funeral establishment fill in the funeral establishment license number. This section must be signed by the individuals, partners, or the four (4) senior corporate officers (President, senior Vice President, Secretary, and Treasurer) who are purchasing the establishment. Each signer must print their names and fill in the place and date of signature.
13. *Assignors (Sellers)* – Same as for buyers, only sellers sign and complete this section.
14. *Assignment From an Estate* – This section should be completed if the funeral establishment was left as part of an estate by someone who died. The assignor will be the executor/trix of the estate. Along with this application, you must submit a copy of the death certificate, a copy of the probate court's testamentary letters, and a copy of the probate court's interim or final estate disposition. In order to operate the funeral establishment following the death of the principal, a temporary license must be issued. Contact the Cemetery and Funeral Program for more information.
15. *Certification* – Indicate the name of the establishment in the space provided. There is space for one assignee and one assignor signature, printed name, place, and date.

16. *Funeral Trust Funds Preneed Reporting Firms* – **Check line A** if the funeral establishment does not make arrangements prior to the time of need. **Check line B** if the funeral establishment does make arrangements in advance of need but those arrangements are unfunded, funded by insurance, or funded through a Totten Trust (passbook account in a bank with the funeral establishment as the beneficiary). **Check line C** if the funeral establishment makes arrangements in advance of need and funds them with payments made directly or indirectly to the funeral establishment. Line **C** would be checked if the funeral establishment has been submitting annual Preneed Trust Reports. If line **C** has been checked, a final *Preneed Trust Account Report* covering the period from the last annual report through the date of sale must be filed. The fee for each final *Preneed Trust Account Report* is \$200. **Please see PRENEED TRUST FUNDS below.**

Applicant Sign Here – Signature of Applicant, date, and title if applicable.

THE APPLICATION IS INCOMPLETE IF SPACES ARE LEFT BLANK, TOTAL FEES ARE NOT INCLUDED, OR SUPPORTING DOCUMENTATION IS MISSING. INCOMPLETE APPLICATIONS WILL BE RETURNED.

PRENEED TRUST FUNDS

Audit Requirements

If you are applying for an assignment of an existing funeral establishment license, Business and Professions (B&P) Code Section 7630 requires that “... *an audit shall be conducted of the firm’s preneed trust funds and any shortages in those funds shall be funded.*”

To process your application for an assignment of an existing funeral establishment license, please submit an audit report upon the existing preneed trust funds. This audit report must be prepared by an Independent Certified Public Accountant or Public Accountant licensed in the State of California. The audit report should have an opinion upon the compliance with the provisions of Article 9, Chapter 12, Division 3, of the B&P Code and Article 8, Division 12 of Title 16 of the California Code of Regulations (CCR). As stated in 16CCR Code Section 1269 (e):

All written reports under this section shall include, but not be limited to, a statement setting forth:

- (1) Amounts collected pursuant to pre-need arrangements, contracts or plans, or any agreements collateral thereto;*
- (2) Amounts deposited with the trustee and held in trust;*
- (3) Amounts of authorized expenditures of income allocable to individual accounts, itemized as to the nature of expenditures;*
- (4) Amount of authorized expenditures of income paid, itemized as to the nature of expenditure; and*
- (5) Separately, the total of such trust funds invested in each of the investments authorized by law and the amount of cash on hand not invested which statement actually show the financial condition of the trust funds.*

Any identified noncompliance to the provisions of the B&P Code or the CCR should be reported in the audit report.

Verified Report

If the funeral establishment has maintained preneed funeral trust fund corpora in individual savings accounts and no funds are commingled for investment, you may submit a verified report in place of an independent audit report. As stated in CCR Section 1269 (c):

“In cases where trust corpus is deposited in individual savings accounts, and not commingled for investment purposes, the Board may require a verified report. Said requirement of verification shall be deemed complied with by verification under penalty of perjury by the owner, partners, or, in the case of a corporation, by the president or vice-president and one other officer thereof and, in addition thereto, all reports must contain a verification under penalty of perjury executed by at least two (2) trustees not employed by the funeral establishment and, in the case of a banking institution or trust company legally authorized to act as a trustee within the meaning of Section 7736 of Article 9, Chapter 12, Division 3, of the Business and Professions Code, a verification under the penalty of perjury on behalf of such trustee by an authorized representative of said trustee.”

Exemption From Audit Requirements

If the funeral establishment does not have any existing preneed funeral arrangements as defined in B&P Code Section 7735, you are exempt from the audit requirement.

Per CCR Code Section 1261, if the funeral establishment has preneed arrangements with the following provisions, you are exempt from the audit requirements:

- (a) The funeral establishment’s client directly deposits his or her own money in a bank or savings institution trust account in the name of the client as trustee for the funeral establishment, provided that, until death, the client retains the exclusive power to hold, manage, pledge, and invest the funds in the account and may revoke the tentative trust and withdraw the funds, in whole or in part, at any time; and*
- (b) There is no delivery whatsoever to the funeral establishment of money to pay for the services or merchandise, until such services or merchandise have been provided.*

Delivery of money to a funeral establishment within the meaning of this rule and Business and Professions Code Section 7735 includes direct or indirect delivery to the funeral establishment, or to any of the funeral establishment’s agents or employees.

If you feel you are exempt from the audit requirements of B&P Code Section 7630, please submit a signed declaration that states the specific reasons why you are exempt from the requirement to have an audit upon the funeral establishment’s preneed trust funds.

If you have any questions regarding the assignment of a funeral establishment license, please contact the Cemetery and Funeral Program at (916) 322-7737.